Application or Docket Numb	Applic	ation	orDo	cket N	lumbe
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER TH		
(Column 1) (Column 2)						1	TYPE [OR	SMALL			
TOTAL CLAIMS		34					RATE	FEE	7	RATE	FEE		
FC	OR NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00			
TO	TAL CHARGE	ABLE CLAIMS	3 4 minus 20=		• 14			X\$ 9=	126	OR	X\$18=	•	
INDEPENDENT CLAIMS 3 = minus 3 =					*	0		X43=	O	OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	0	OR	+290=		
* 1	the difference	L	TOTAL	5/1	OR	TOTAL							
	C	LAIMS AS A	MENDE	- PAR	T II				•		OTHER	THAN	
(Column 1) (Column 2) (Column 3)							_	SMALL	ENTITY	OR	SMALL E	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH! NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* ENTATION OF MI	Minus	PENDENT	CL AIM	=		X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)	^	DDII. FEE		•	-DD11.1 EE		
_	-	CLAIMS		HIGHE	EST		Ιг		ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
NDN	Total	*	Minus	**				X\$ 9=	:	OR	X\$18=		
\ME	Independent	*	Minus	***		=	lΓ	X43=		OR	X86=		
1	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM		╽┝			Ŭ,			
							L	+145=	•	OR	+290= TOTAL	•	
		•					· Al	TOTAL DDIT. FEE	·	OR	ADDIT. FEE	•	
(Column 1) (Column 2) (Column 3)												••	
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					╽┟			~`` `			
• 1	i the enter in enter	nn 1 is less than th			, • • • • • • • • • • • • • • • • • • •	2	L	+145=		OR	+290=	<u> </u>	
- "				717 7 W/166	u in coh	JMN る.		TOTAL			TOTAL		
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less than	20, enter "20."	AL	DOIT. FEE		OR ,	TOTAL. DDIT. FEE		